

Please type a plus sign (+) inside the box ☒

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

J&J-2025

First Inventor

David A. Boeke

Title

Cooperative Medical Shopping System

Express Mail Label No.

EL457887473US

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

**ADDRESS TO:** Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 13]  
(Preferred arrangement set forth below)
  - Descriptive Title of the Invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 11]
5. Oath or Declaration [Total Pages 3]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
  - i. ☐ CD-ROM or CD-R (2 copies); or
  - ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement  
(IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certifications under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other

6. ☐ Application Data Sheet. See 37 CFR 1.76

18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed

Prior application information: Examiner

Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

☒ Customer Number or Bar Code Label **000027777** or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.

Address: Johnson & Johnson  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933-7003 USA

**20. TELEPHONE CONTACT**

Please direct all telephone calls or telefaxes to Verne E. Kreger, Jr. at:

Telephone: (732) 524-1239 Fax: (732) 524-2808

**21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME

Verne E. Kreger, Jr.

Reg. No. 35231

SIGNATURE

DATE

June 11, 2001

06/11/01

3d970 U.S. PTO

# FEE TRANSMITTAL

Complete if Known

Application Number	
Filing Date	
First Named Inventor	David A. Boeke
Group Art Unit	
Examiner Name	
Attorney Docket Number	J&J-2025

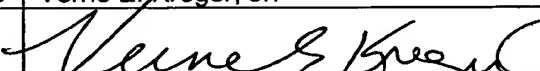
## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	1 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 710.00

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/J&J-2025/VEK in the amount of \$710.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/J&J-2025/VEK. Three copies of this sheet are enclosed.

SUBMITTED BY:		Complete (if applicable)
Typed or Printed Name	Verne E. Kreger, Jr.	Reg. No. 35231
Signature	 Date: 6/11/01	Deposit Account No. 10-0750

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David A. Boeke

For : Cooperative Medical Shopping System

Express Mail Certificate

"Express Mail" mailing number: EL457887473US

Date of Deposit: June 11, 2001

I hereby certify that this complete application, including specification pages, claims, formal drawings, Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Martin Rizzi

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)